ORAL HYGIENE

May 1920

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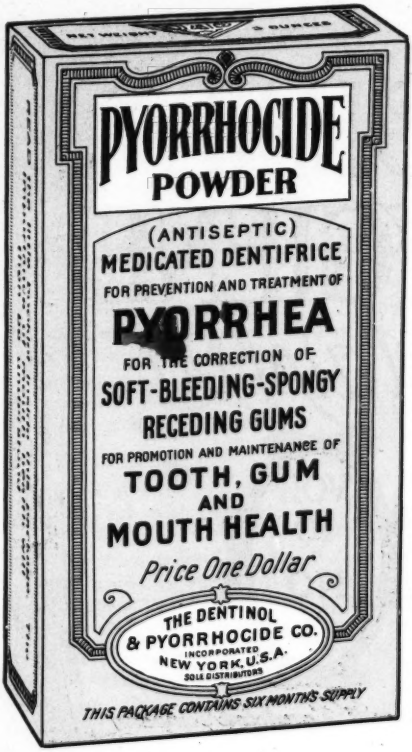
The Ransom & Randolph Company
TOLEDO, O. U.S.A.

CLEVELAND COLUMBUS GRAND RAPIDS
FLINT DETROIT
AKRON

It is only a step from soft, bleeding, spongy, receding gums to diseased sockets and wabbly teeth.



A clean tooth may not decay but it will be lost if its supporting tissues are destroyed as a result of pyorrhea infection.

Decay is not the tooth's worst enemy; it is socket destruction.

Brushing the gums thoroughly two or more times each day with a properly medicated dentifrice to make them hard and firm is a function that pyorrhea patients should regard highly.

Soft, spongy gums invite infection. Hard gums do not.

In the employment of Pyorrhocide Powder, the pyorrhea patient will appreciate its tissue-healing and tooth-cleansing qualities. It aids in repairing diseased gum tissue. It cleans and polishes the teeth. It keeps the gums hard.

FREE SAMPLES

Samples of PYORRHOCIDE POWDER for distribution, a trial bottle of DENTINOL for office treatment and a copy of "Causes and Effects of Pyorrhea" mailed free on request

THE DENTINOL & PYORRHOCIDE CO., Inc.

1480 Broadway, New York

We shall continue to offer through exhaustive scientific research, and by unlimited clinical facilities, only such a dentifrice as is proved most effective in promoting tooth, gum and mouth health.

L. V. SLAIGHT, President

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

ORAL HYGIENE

A Journal for Dentists

VOLUME X | MAY, 1920 | NUMBER 5

A Word to the Worthless

DON'T work till you're weary; you always can quit —
If your job is too tedious, forsake it;
Some fellow that's filled with a little more grit
Is always quite willing to take it.
He'll do all your work and a little bit more,
And grin and keep on when he's tired.
Without getting grouchy, or peevish or sore,
And he'll land in your job when you're fired!

Don't spend all your time at the beck of the boss —
If his orders annoy you, why stop:
Some other young fellow will come right across
And do all of the work in the shop.
He'll settle right down to the gruelling grind
And do things that you wouldn't try,
And if you observe him you'll presently find
That he'll be the boss, by and by.

Don't wear out your life in an effort to rise —
It is easy to stay where you are;
But just keep your eyes on the fellow that tries
And you'll find he can go pretty far.
And maybe his name and his fame will adorn
Full many a newspaper headline
Upon the same cold and unhappy morn
That you take your place in the breadline.

—*The Comeback.*

LE MAIRE

Sketched by Rea Proctor McGee, after an old painting.

THE first of the real heroes to be considered is Joseph Jean Francois LeMaire (also spelled LeMair and LeMayeur), revolutionary patriot and pioneer surgeon-dentist—born at Mayenne, France, 1752.

After completing his studies at the medical school in Paris, he devoted himself to the study of dentistry in that city. The rich red blood of patriotism flowed in his veins and inspired him to come to America with the French fleet, under the command of Count Rochambeau, to assist in our struggle for independence. He arrived July 12, 1780, and landed at Newport, where he began surgical and dental prac-

Patriot and Pioneer Surgeon-Dentist

By BURTON LEE THORPE, D.D.S., M.D., St. Louis, Mo.

tice on this side by working for the officers and others of the allied armies.

LeMaire was an intimate friend of the Marquis de Lafayette, who spoke highly of his ability as a surgeon.

During the battle he was in the thick of the fight and bravely opposed the British forces. While the American and French armies were in winter quarters in 1781-82 in the vicinity of Providence, Rhode Island, half clad, half fed, and suffering all the aches and pains the flesh is heir to, incident to neglect and exposure, Joseph LeMaire labored faithfully to relieve his comrades in arms and the residents of the adjoining country of their dental and other pains.

Dr. Horace H. Hayden in an article on early dentistry in the first series of *The American Journal of Dental Science*, writes: "The first hints that were afforded or opportunities offered to any person to obtain a knowledge of the profession were, we believe, through LeMaire."

During the winter of 1781-82, Dr. LeMaire tutored two fellow-patriots in the art of dentistry, one a fellow countryman, James Gardette, aged twenty-five, the other an American, Josiah Flagg, eighteen years of age, both of whom afterward proved a credit to American dentistry.

After the close of the Revolutionary War he gave instruction to a Mr. Spence and several others. He was the first and original American dental preceptor and his coming marked the commencement of dentistry as a profession in America.

LeMaire's skill tended toward surgical work and his main specialty was the transplanting of teeth, which operation he introduced into America. The record states that he was unsuccessful with this operation during the time of the war, owing no doubt to the poor state of health of his patients. In the winter of 1781-82 the record further states LeMaire "transplanted over one hundred teeth and not one succeeded."

At the close of hostilities he went to New York, where he remained but a short time. He located in Philadelphia in 1784 and advertised that "six months previous he had successfully transplanted one hundred and twenty-three teeth" and that he also "carved artificial teeth from blocks of ivory."

Another announcement of Le Maire's reads as follows: "Doctor LeMaire, Dentist, who has been so successful in transplanting teeth in New York, proposes to be in Philadelphia the latter end of September, where he will re-

main some time. The time of his arrival and the place of his abode will be advertised in the newspaper" — *Pennsylvania Gazette*, September 8-15-22, 1784.

In "Watson's Annals of Philadelphia" we find stated: "Dr. LeMaire had great success and went off with much of our Patricians' money."

In 1784, LeMaire inserted an advertisement in a Philadelphia newspaper offering "two guineas each for sound teeth to be obtained from persons disposed to sell their front teeth or any of them." These teeth were used on plates and to be transplanted. It is also recorded that "several respectable ladies had them (their natural teeth) implanted" and they were, in some cases "two months before they could eat with them."

He practiced in Philadelphia until the fall of 1786 and then went to Baltimore, where he remained in practice a year or more. His former student, James Gardette, writes in the *Philadelphia Medical Recorder* in 1827: "Mr. LeMaire, with the reputation of an eminent dentist, had transplanted one hundred and seventy teeth in this city, in the course of the winter of the years 1785 and 1786, as he told me himself at Baltimore, in the fall of the last mentioned year; and that of all these transplanted teeth not one succeeded. Some became firm and lasted more or less so, for two years, in the sockets in which they had been inserted; but those cases were very rare."

Characteristic of his nationality he was possessed of a genial nature and was regarded by the citizens of Philadelphia as a courteous and cultured gentleman, eminently proficient in his calling.

In 1787 LeMaire returned to his native land and resumed the practice of dentistry in Paris, where he was known as a studious investigator and painstaking workman. It was here that he developed his latent talent for writing and contributed some valuable works to the profession's literature.

In 1812 he wrote and published his first work, "The Ladies' Dentist," other editions of which were published in 1818, 1824 and 1833; in 1816, "A Manual on the Anatomy and Physiology of the Teeth;" in 1821, "A Natural History and Diseases of the Human Teeth," a translation from the English work of Joseph Fox; in 1822-24, "A Treatise on Dental Physiology and Pathology."

Some writers have stated that LeMaire was the first practicing dentist in America. This statement is erroneous, owing to the fact that (Robert) Woofendale, an English dentist, arrived in 1766 and divided his time between New York and Philadelphia, where he practiced twelve years before LeMaire's coming. There is also record of other dentists about LeMaire's time. Isaac Greenwood of England, located at Boston, and one Whitlock, also from England, practiced in the New England Colonies.

When LeMaire located at Philadelphia in 1784 he found practicing there a dentist by the name of Baker "the first person

ever known as a dentist in Philadelphia." Historical facts are so meager and confusing regarding this matter that it is impossible to tell the exact time each of these early practitioners arrived.

The death of LeMaire occurred at Maison-Alfort, France, in 1834 and closed a well-rounded career of usefulness. His name will live in dental history as patriot and pioneer surgeon-dentist, whose emigration marks the beginning of dentistry in America and also as being the first American Dental preceptor.—From *The History of Dental Surgery*, Vol. Two.

First Leeds Lady Dentist Appointed House Surgeon at a London Hospital

For some time now there have been lady dentists, but it is only recently that the first Leeds lady to adopt the profession qualified. Miss F. M. Appleyard, daughter of the late Mr. Henry Appleyard, of the firm of William Firth and Sons, and of 4, Woodland Grove, Newton Road, Leeds, is believed to be the first lady dentist in Yorkshire. She certainly is the first to take the Leeds L.D.S. She has just been appointed to be house surgeon at the National Dental Hospital, Great Portland Street, London.

Miss Appleyard was educated at the Chapel-Allerton Girls' High School, and afterwards at the Convent of Stella Maris, Rorshache, Switzerland. On returning from Switzerland just prior to the outbreak of war, Miss Appleyard became an articled pupil to a well-known Leeds dentist, and a student at the Dental Department of the University. During the war she did dentistry at the Dispensary, and gained much valuable experience there.

It is remarkable that women should only recently have begun to take an interest in the dental profession, for there has never been a sex bar to it. It is estimated that there are some fifty or sixty lady dentists in the whole of England, says *The Dental Surgeon*, of London.

The Dental Problem in Rural Communities

By MILDRED PENROSE STEWART, M.A.P.H., Director Dutchess County Health Association, Poughkeepsie, N.Y.

SINCE the theory that country people are more healthy than city people has been proved to be erroneous, more attention has been paid to rural health conditions.

We are recognizing that although it may be good for a child to walk a mile or so to school every day, it does not compensate for the fact that he lives miles from a dentist or dental clinic facilities.

A great wave of enthusiasm on the subject of public health with personal hygiene particularly emphasized may sweep the United States but this amounts to hardly a ripple in country districts.

They are out of touch with lectures, movies and health literature. Through such education the city dweller is well on the road to doubt that the good Lord wishes all our bodily ills upon us and is beginning to suspect that nine times out of ten his own posture, the unclean condition of his own mouth, his choice of food, or perhaps the sneezes of his neighbor are to blame for his imperfect condition.

In the country, particularly, still persists the joy of describing to one's friends each ache and pain, each twinge of rheumatism.

If instead of sympathy and a return recital of interesting ailments, such a one were met with "Your rheumatism is probably your own fault," or "Try brushing your teeth"—he would soon take a different attitude.

Decayed teeth and unclean mouths are the cause of much ill health. Since this is so, how appalling that so many of our children, especially our rural children are in need of dental work! The child with teeth in good condition is the exception, not the rule.

The solving of the problem of improving the condition of children's mouths falls under two heads: (1) education and (2) supplying the facilities for attending to the teeth—in other words, prevention and cure.

A certain amount of health education is carried on in the schools. Health Clubs, instituted by the New York State Department of Education, are a great success in Dutchess County.

The Health Crusade, of the National Tuberculosis Association, also accomplishes wonders. The aim and general principles of these two are the same, namely to interest the child in his own health and to cause the children to form health habits.

Every morning the children are asked ten questions: "How many slept with windows open last night?" "How many had no tea or coffee for breakfast?" "How many brushed their teeth thoroughly at least twice yesterday?" etc.

This health work has interested the mothers as well as the children. Where the parents pay no attention to their own health habits or those of the children this stimulus from the school educates the parents through the children. Where home conditions are most excellent the mothers nevertheless welcome any help from outside which will make Johnnie clean his teeth without the usual protestations.

One mother wrote the teacher to send her five brushes. Her little girl had been given one at school and refused to allow the family to use it—a good instance of the child educating the family.

One mother noticed that her small son became most docile in regard to his baths, washing behind his ears, brushing his teeth, etc., on all days except Saturday and Sunday when he was most unwilling to even wash his face. She discovered that the teacher was not asking about what happened over the week ends and the boy felt it was therefore silly to bother about those days.

Another boy in a one-room Dutchess County school was most regular in all his "health chores." Suddenly he no longer brushed his teeth. This meant a bad mark every day not only for himself but for the class of which he was a member. At last the teacher looked into the matter and discovered that the boarder had left and taken his tooth brush with him!

In some schools tooth brush drills are given. The township nurse usually conducts these. The children bring their own brushes and are instructed how to clean the teeth properly. "Every-day Mouth Hygiene," by Dr. Joseph Head, makes an excellent book for the nurse to study before she attempts instruction in oral hygiene. Sometimes two brothers can only produce one tooth brush between them, bringing to light the fact that there is a family tooth brush! If a child cannot afford a brush the nurse will give one.

One mother wrote the teacher to send her five brushes. Her little girl had been given one at school and refused to allow the family to use it—a good instance of the child educating the family.

Last winter Vassar girls who were taking a course in four-minute speaking at college were taken by the County Child Welfare Nurse to speak in various rural schools. Armed with brushes, dental floss and models

of teeth these girls gave very interesting short talks holding the children's attention without difficulty.

No health work is done in the schools by nurses or Vassar students without the consent and approval of the district superintendents of schools.

Another method of education which reached hundreds of people was the health stunt of the Dutchess County Health Association at the County Fair. Two children, Tommy Care and Tommy Don't Care, demonstrated the right and the wrong way of getting up and breakfasting in the morning. Beside taking breathing exercises before his open window, washing thoroughly, airing his bed, etc., little Tommy Care brushed his teeth most carefully with a rotary motion and the nurse in charge pointed out to the children in the audience why this was the proper way and why it was important to care for one's teeth.

Above everything we need more education to make everyone realize that it is really worth while to keep the teeth in good condition and to show people how this can be done.

We also must make it easier for the children to have their teeth attended to. In one of our townships where there was a public health nurse there was no dentist. The nurse had no car and the distances were too far to make driving practicable. Many of the children's teeth had been without care for so long that brushing did not do much good. The nurse engaged the barber's shop for Saturday mornings, borrowed an old foot drill, took a lesson from a dentist and cleaned the children's teeth herself finding that if she once got them white most of the children would keep them so.

This nurse was the possessor of a little Pomeranian dog. So strong an impression did the tooth propaganda and the dog make on the village children that they would call out, "Oh, here comes Clean Teeth and Skunky!" as the nurse and her dog walked along the road.

If there is a dentist the public health nurse can often arrange with him to give one afternoon a week to the children at a very small cost for each filling. She then brings the children from the distant farms to the dentist in her car. Where there is no nurse this arrangement is seldom made. Often a city dental clinic is open to county cases and the nurse will fill her Ford with children and come in for the afternoon. This, however, does not solve the problem though many counties announce the opening of one clinic as if the whole rural problem were now settled.

The country children will live thirty and forty miles from the clinic in isolated spots where the roads are impassable on account of snow or mud many months in the year and unless there is a public health nurse the families in remote districts will never even hear of the clinic. A traveling dental unit of some kind seems the best way of taking clinic facilities to all parts of a county. A dental ambulance may be used—fitted up most

completely with electric apparatus, X-ray, etc., or it is possible to get a folding chair and closely packed apparatus which can be carried from place to place in a Ford touring car. Even this last, as a rule, cannot be made to pay for itself especially if the work is done in the small villages.

As always, the question of expense is the great difficulty. Health is our most valuable asset and yet a community will pay less toward it than toward almost anything else.

The answer lies in education.

If people are educated to realize the value of health they will want health.

If they want it badly enough they will get it because they will be willing to pay for it in the time given to study how to live, in the patience and perseverance required to follow out daily the laws of health, in the sacrifices necessary in giving up unhealthy habits and in actual cash required for bettering unsanitary conditions and making the world a safe place to live in.

False Teeth Tragedy

Medical evidence proved at the inquest at Rochdale recently that John William Juggins, 52, an ironworks foreman, who died after an operation at the infirmary, was under a delusion that he had swallowed his false teeth.

Juggins was found out of bed early on Monday morning, and he told his son, who slept in the same room, that he had swallowed his false teeth. The son went for a doctor, who, on seeing Juggins, ordered him to the infirmary, where he again stated that he had swallowed his false teeth. Afterwards the upper portion of a false set of teeth was found in the bed in which he had slept. It was decided to perform an operation on the throat, and this apparently was successful, but later Juggins collapsed and died.

Dr. Patterson, the house surgeon, now stated that he had made an examination, but failed to find any trace of false teeth. It would be impossible for the man to have swallowed the teeth without their being located at the post-mortem examination. From a swelling of the air passages he had come to the conclusion that Juggins had died from a growth which would produce a shortness of breath. Having gone to bed with the teeth in his mouth, and waking up suddenly, he might have imagined that he had swallowed them.

A verdict in accordance with the medical evidence was returned—*The Dental Surgeon*, (London).

There have been several similar cases in this country. Where there is any complication in which teeth are involved, either natural or artificial, a dentist should be called in consultation. Medical men can be held criminally liable for a mistake in judgment when teeth are involved.

Department of Lay Education

"Your Teeth"

By REA PROCTOR McGEE, M.D., D.D.S., Pittsburgh, Pa.

Here are four of the Syndicate stories, prepared for daily and weekly newspapers. Others of these will be printed in future issues.

The X-Ray

THE invention of the X-ray was purely accidental. The Crookes' tube that projects the ray was a scientific plaything. One day old Mr. Roentgen in Boscheland was fooling with a Crookes' tube and a black velvet cloth and some fluoride of lime. A lucky combination of the three enabled him to see through the bones, cloth and the skin on his hand and for the first time the human eye could look through an opaque substance.

Until the X-ray was perfected, we could not see into the bones of the jaw and tell what was going on inside. Now it is comparatively easy to look into the bones and see the shape, size and position of the tooth roots and to examine for abscesses and pyorrheal pockets. By the light and dark spots we can tell the shape, size and direction of pus tracts, locate foreign bodies, find spots of decayed bone, and plainly see impacted teeth. When it becomes necessary to remove a nerve and fill a root-canal, the work can be checked up by an X-ray picture instead of waiting to see whether it abscesses or not.

Formerly it was necessary to wait for "developments" whenever there was a pain in the face or mouth. This not only caused a great amount of suffering but made the condition of the patient far more serious than it would have been if there had been some prompt way of diagnosing a deep inflammation in the early stages. There are so many diseases of the body in general that come from the mouth and teeth and jaws, that it is often necessary to X-ray the jaws when there has been no local disturbance that would lead you to suspect a blind abscess or a pyorrheal pocket or a necrosed spot of bone. In these examinations it is very surprising to find, frequently, the cause of a stubborn inflammation in a far-distant portion of the body. This is repeatedly proved a valuable and correct method of diagnosis because the removal of the focus of infection, not before suspected, so often results in a cure that no diagnosis is now regarded as complete until an X-ray is taken.

Consequently, we are all much obliged to Sir William Crookes and Dr. Roentgen for their discovery and invention.

Some Do and Some Don't

THERE are two classes of people in the world, those who do brush their teeth and those who don't. If you are a

member of the "don'ts" now is your chance to join the "doos." Nearly all of the people who believe in soap, believe also in the tooth brush.

There are many kinds and shapes of tooth brushes, so many in fact, that the average citizen usually walks into the neighborhood drug store, whispers his secret to the clerk, and takes any brush that renders the largest margin of profit to the business.

There are people who become very much attached to their tooth brushes; they are not so much attached to the principle of brushing their teeth as they are to the individual brush. This is a good idea if it isn't carried too far. It is no longer good form to use the tooth brush as an heirloom. An heirloom to be successful is supposed to be used with gratifying results by successive generations. Each generation is expected to have its own tooth brush, in fact in the best families, a tooth brush should retire from active duty in about three months, or less.

When you select a brush, get a medium or a small size so that you will have enough room in your mouth to move it around. The bristles should be set a little distance apart and should be cut wedge-shaped at the brushing end. This makes the brush more lively and it will do far better work than a smooth cut brush with the bristles set close together.

Brush your teeth with an up-and-down movement, inside and out and on the occlusal or biting surfaces. But, don't forget to brush your gums. Brush your gums with a circular movement and go after your cheeks and tongue. Instead of directing people to brush their teeth we should say "brush your whole mouth." Be one of the "doos"; the taste is remembered long after the cost is forgotten.

Candy

IN the city of Kandy in India, there is a beautiful old temple that is a dream in architecture; its cost would pay the war debt of a small nation. The temple was built in honor of Buddha and what do you think is the sacred relic it contains? A tooth, the last tooth of the great Buddha himself! Under the high altar is a silver casket; inside the silver casket is a gold casket; inside the gold a jade casket; inside the jade an amethyst casket; inside the amethyst a ruby; inside the ruby an emerald, carved out; and in the emerald, the tooth. A tooth in Kandy for five thousand years and not decayed yet!

Candy does not actually cause the teeth to decay, but it does offer a lot of encouragement to the bacteria of decay. Candy and all forms of sugar stick to the teeth and pack into the grooves or sulci of the molar and bi-cuspid teeth. Then of course sugar makes a syrup of the saliva which bathes every surface of every tooth and leaves a sticky layer of the choicest media, or food, for the bacteria of decay. Where the tooth is free from decay the constant eating of candies and sweets is a very sure method of starting something and where decay has already started, it will

help the bacteria more than anything you can do for them.

No one would be cruel enough to say that children and grown people, too, should not have candy, but since candies and all forms of sugar are known to be particularly favorable to decay of the teeth, why not have the candy and avoid the decay? This can be done by brushing the teeth very thoroughly after eating candy or sweets. When there are cavities in the mouth, the tooth brush will not cleanse them properly; they should be filled immediately. If you think as much of your own teeth as the Hindus think of Buddha's you will take care of them.

The First Molars

YOU cannot build a house upon the sand unless the sand is thoroughly mixed with cement and water and shaped into a firm foundation that extends well down into the earth.

The first or, as they are frequently called, sixth-year-molars are the foundations of the dental arch in the mouth. These teeth are the largest and strongest of the permanent set. There are four of them, one on each side above and one on each side below.

They come in behind the baby teeth. When a child is six years of age all of the temporary teeth should be in their places in the mouth.

When the first molars come they cause an immense amount of pressure. From the pain and reflex irritation of the nerves, children often exhibit serious symptoms such as violently inflamed mouth and throat, spasms of an epileptic type, dizziness, vomiting, headaches, insomnia and diarrhea.

These wide reflexes are not surprising when you know that the Fifth nerve, which supplies the teeth and mouth, gives sensory branches to nine of the twelve cranial nerves. This means that an irritation in or about the mouth can affect the nerve supply of a large part of the body.

When these big molars finally get into place, the child's face is larger and the first definite step from infancy to youth has been taken. These are by far the most important teeth in the mouth. They govern the positions of all of the other teeth of the permanent set. Irregular teeth, weak jaws, inexpressive face, and a crippled masticating apparatus are a few of the penalties that follow the loss of the first molars in childhood.

Unfortunately these teeth are found decayed more frequently than are any other teeth in the mouth. From the sixth to the twelfth year children should be examined frequently by the family dentist.

Keep the foundations in good repair.

Dr. H. B. Pattishall, Secretary of the Florida State Dental Society, announces that the annual meeting will be held this year on June 15th, 16th and 17th, at Miami.

More About the Armour Dental Clinic

By LOUIS P. CARDWELL, D.D.S.,
DENTAL DIRECTOR, ARMOUR & CO.

IN the January issue of ORAL HYGIENE appeared the following:

"In the Armour & Co. clinic little more than prophylactic work is done. They clean the patient's teeth, extract when necessary and then, after a thorough examination, refer him to an outside dentist."

The foregoing is true but fails to describe the scope of our work in its entirety, and may, possibly, convey a wrong impression to the reader not thoroughly familiar with our efforts.

In the beginning, the originator of the idea of a dental department with us, Mr. H. G. Ellerd, under whose guidance our work continues, was confronted with two considerations: the cold dollars and cents value of the new department to the general organization; and its benefit and value to the employees.

That he has been successful in demonstrating these points is proven by the fact that the dental department has steadily progressed in favor with all concerned during the two years of its existence.

Under his direction the department became one of a trinity located in the same general quarters with the medical and welfare organizations, to which is attached a laboratory completely equipped for chemical, bacteriological and X-ray work.

These three departments, each working independently along its own particular line under one chief surgeon and director, give to each other every aid and facility at their command.

The medical and surgical staff consists of one chief and seven assistant surgeons, one of whom is a woman whose work is principally with the female employees of the plant. The laboratory is in charge of one man who devotes his entire time to the work thereof. The welfare department is in charge of one head nurse and four assistant graduate nurses, devoting their entire time to smoothing out the troubles of our thousands of employees, visiting and caring for the sick and injured and aiding in a multitude of ways the work of both the medical and dental departments. The dental department has one dentist and one office assistant. This force with adequate clerical help gives its entire time to the care and welfare of the employees. All services rendered are free of charge.

If when making physical examinations or treating disease, the medical department encounters a case where diagnosis is complicated or focal infection suspected, the dentist is called upon to make an examination of the teeth, the X-ray is employed and both departments, working in conjunction, render appropriate treatment. This combination of

effort has proven of extreme value to our working forces.

Where the dental department encounters difficulties and the need is shown, we have the cheerful assistance and co-operation of the medical staff. If a patient requires certain dental work and is unable to meet the terms of the outside dentist, the welfare department is called on and the matter is arranged by the nurses without any publicity and the work accomplished. This system interferes least with our working forces.

Another valuable aid to our work, is *The Oval*, a semi-monthly newspaper, issued for and circulated among the employees. Its columns are devoted to matters of interest and welfare of the workers and in it from time to time are published articles concerning dentistry and the work of this department.

We endeavor to make these articles regular heart-to-heart

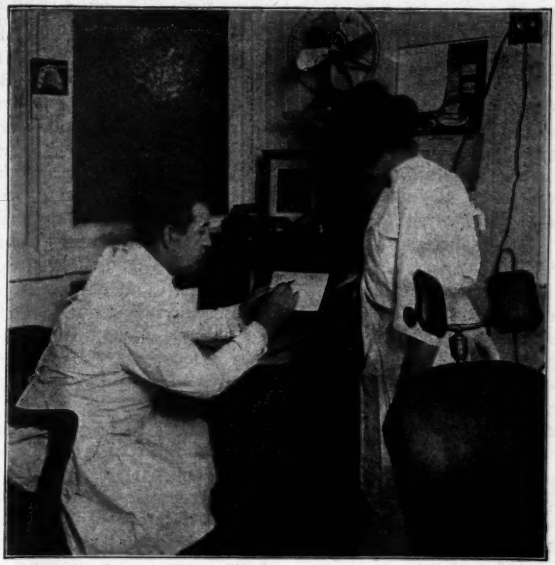
An industrial clinic that saves the outside dentist time, money and patience by educating the patient to an appreciation and understanding of dental service.

In the dental department we are of course equipped to meet all conditions; we keep our own records, files and follow-up system. Our method of securing patients is to have two from a given department report for examination. When finished the first patient returns to his work and another is sent in his place. In the meantime work has been done for the second patient who returning to his department sends another and so on until the close of the day and until all the employees of that department have been examined and treated where necessary. Emergency work is handled as it comes to us, with very little delay.

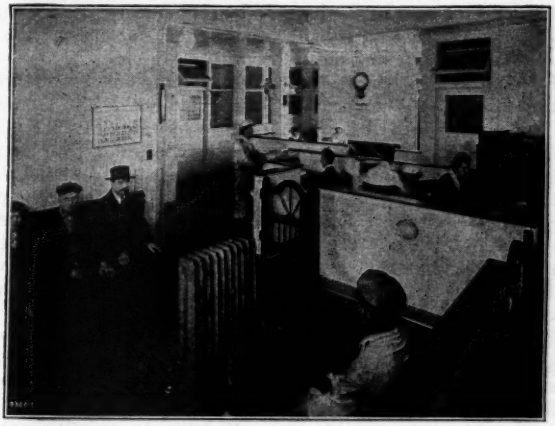
talks to the men and women of the plant and it has proved an invaluable aid in bringing patients seeking our assistance.

Our office assistant was selected from among the girls in the plant, speaks four or five languages and dialects, has the viewpoint of the worker and, after a year of training, understands and is in hearty accord with our efforts. Her work is a material aid in talking to the patients in their own languages, convincing them the dentist is not a chap with cloven hoofs and sharp horns who delights in jabbing red hot needles in quivering nerves.

The scope of our work may best



Operating Room. Dental Department, Armour & Co. Chicago plant showing dentist and assistant.



Reception Room for patients, Armour & Co. Chicago plant, showing clerical force for Doctor and Dental Offices.

be expressed by the following, taken from the last annual report of the department:

Number of patients	3375
New cases during the year	1687
Number of female patients	2091
Number of male patients	1284
Treatments, general, toothache, etc.	1586
Treatments, Pyorrhea	144
" abscesses lanced, etc.	160
Treatments, opening putrescent teeth	142
Treatments, teeth cleaned	1161
" teeth scaled	96
Examinations made	766
X-ray pictures, diagnosis, etc.	131
Teeth extracted	950
Patients referred to Welfare Department	28

More than thirty nationalities are represented in the foregoing enumerated patients.

In caring for patients, the very first effort made is to win his or her confidence. To make the patient feel we really have a particular interest in the case and mean to help without causing any pain. If pain is present, it is stopped at once by any of the well known methods indicated. The patient is then in a frame of mind to listen and, after a thorough examination, we begin to advise. If extractions are necessary we suggest the removal of one or more teeth, explaining to the patient that we employ a local anesthetic and that "it will not hurt a bit". That expression may not sound good in ethical society, but it certainly instills confidence in timorous patients.

Once we win the patients consent to "go ahead" we encounter little difficulty. The teeth are cleaned, the gums treated and all necessary extractions made and when the mouth is in a clean healthy condition, we chart a card for him showing the work he needs and refer him to his own dentist.

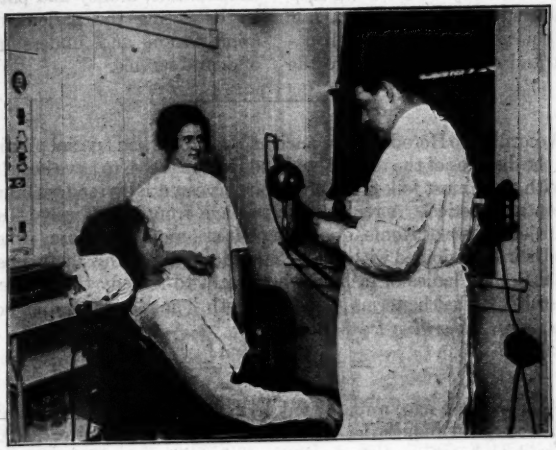
We keep preaching prophylaxis all the time and explain to the patient everything he desires to learn about. These little lectures are in all cases delivered in words thoroughly understood by the patient and it is surprising to note the number of cases in which our instructions regarding the use of the tooth brush and care of the mouth are followed.

Completing the prophylactic work and advising the patient does not mean that we are through. Every case is instructed to return at stated intervals for examination and advice; as a result we have a constantly growing practice with few, if any, dissatisfied patients.

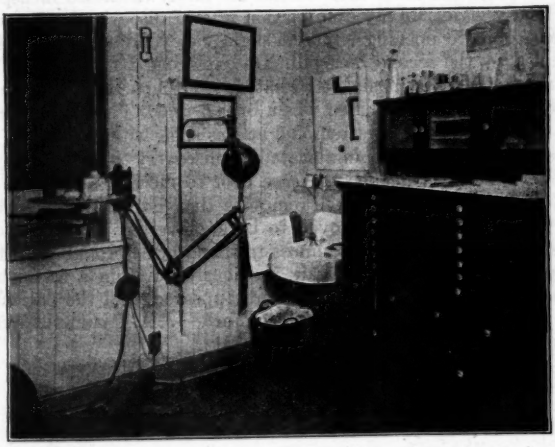
In recommending work, crown and bridge restorations are advised where nothing else will answer quite as well; fillings where indicated and plates in edentulous cases. In the matter of root-canal fillings we are governed by existing conditions. We are not convinced that every pulpless tooth should be extracted.

Each patient is fully informed why the particular work is advocated in his case; he has a good idea of its cost and value to himself and goes to his own dentist or to one to whom we refer him, with a clean healthy mouth and a knowledge of his needs.

We do not compete with the outside dentist by doing dental work for our employees at cost.



Operating Room. Dental Department, Armour & Co. Chicago plant, showing dentist, assistant and patient.



Operating Room. Dental Department, Armour & Co. Chicago plant, showing equipment.

On the contrary we are a big help to honest dental work at a fair and equitable figure for both patient and operator. We save the dentist time, money and patience by educating the patient to an appreciation and understanding of dental service.

According to Herodotus the ancient Egyptians had special physicians "for the diseases of the teeth," and the Romans seem to have been familiar with what most folk probably regard as essentially modern branches of dental practice. A remarkable passage from the Twelve Tables, or Ancient Laws of Rome, quoted by Cicero, mentions those "who eat with their teeth joined with gold," and Martial darts his shafts of satire at the Roman ladies of fashion who sought to remedy the deficiencies of nature by what he terms "bought teeth," made of "Indian horn," *i. e.*, ivory.—*Morning Post* (London).

A short time ago, a man aged 46 called at my rooms with a note from a surgeon requesting the extraction of a loose lower right first bicuspid, and stating at the same time that he was going to open up the lower jaw for necrosed bone. The man presented a running fistula on the point of the chin, over which he had been unable to shave for some time. Out of curiosity—for I suspected the cause to be dental—I examined the lower arch behind the newly-extracted bicuspid. I was nearly giving up my examination when I discovered a sinus with a most obscure opening situated slightly beyond the place usually occupied by the second bicuspid. On exploring, I followed the sinus down into the alveolus and felt what, to the touch, seemed to be hard structure, which I concluded was a buried root. The history showed that an extraction was attempted at this spot, without success, some fifteen years before. I communicated my discovery to the surgeon, who, after examination, handed the case over to me as "dental." With great difficulty, I succeeded in removing the "buried root," which, to my great astonishment, proved to be an inverted second deciduous molar, with its root broken almost to the crown—probably in the attempted extraction fifteen years previously. Within a fortnight the fistula on the chin had completely disappeared, and the patient was able to shave with normal ease and comfort.— J. A. Campbell Wilson, *Commonwealth Dental Review*.

Child Welfare in Relation to the Care of the Teeth

By R. ATMAR SMITH, D.D.S., Charleston, S. C.

Oral Hygiene receives a great many letters asking what kind of a talk is most convincing to a lay audience. This paper, by Dr. R. Atmar Smith of Charleston, S. C., is a splendid example. Dr. Smith convinced his audience and was instrumental in starting a public school clinic in Charleston.— Editor Oral Hygiene

A DISTINGUISHED lecturer, Dr. Hartsell, in discussing pyorrhea, termed the mouth "the port of entry" by which disease germs of various kinds enter the system. It is also through this port that nutritious food is taken in to nourish and strengthen not only the body but the mind.

This being so, how important it is to keep this cavity clean!

Now, situated in the mouth, you will find located two rows of what I like to call "pearls of great price," or in other words, teeth of untold value; these are not only placed there to give beauty and expression to the face, but for the more valuable purpose of preparing the food, upon which we live, for assimilation.

These gems in the child's mouth consist, in number, of 20, and, in the adult's mouth, of 32, divided into the incisors for the purpose of cutting the food, the canines for tearing it, and the molars for masticating or triturating it into proper shape to be used in building up and nourishing the body.

How important it is then to keep these clean in order to avoid the contamination of food taken into the mouth and to prevent the lodgment of disease germs.

Little children should be taught when very young the use of the tooth brush. I would suggest a soft brush with a good tooth paste. A habit of this kind once formed will prove to be a lesson of inestimable value to the child. The old method of brushing the teeth horizontally or across is obsolete; the proper way is to use the brush vertically, that is, to endeavor to remove all debris from between the teeth. Children often suffer with the teeth, but it is seldom that they are taken to the dentist's until it is too late to fill them. Though it is important that these little tots, before they reach the age of six years, should be taken to the family dentist, it is even more important from six years on, for, at this age, a large molar tooth is erupted just behind each of the last temporary molars. This tooth is called the six year molar, or the first permanent molar. This tooth should be specially cared for, and, if the dentist is consulted at the proper time, may be filled, and thus permanently saved.

The large majority of mothers look upon it as a temporary one and neglect it sadly. If there is any one particular condition in a child's mouth that saddens the dental practitioner, it is to see a child with one of these teeth destroyed by decay until the child is racked with pain. I might tell you how difficult it is for the dentist to render the child, in this case, the best service.

In nine cases out of ten it would be but to extract, but unless this is done just at the proper time, there are visions of malarticulation, and unless it is done, there is danger of future infection of these teeth.

It is my purpose more to impress my hearers with the importance of saving these teeth before they become a menace than to make suggestions for treatment after they begin to threaten the health of the little patient.

To sum up, the mouth and teeth should be kept clean if good health and an active mind are to be preserved.

This leads us to speak a little of the teachings of the present time regarding dangerous systemic troubles brought about by diseased conditions of these organs.

Distinguished members of the dental profession, through their many researches and observations, have good reasons to believe that infected teeth, impacted wisdom teeth and extreme cases of pyorrhea result sometimes in rheumatism and other bodily ailments.

Some fourteen years ago, I visited an old classmate of mine in Nashville, Tenn., who told me of a singular case which came under his observation. He said a Nashville man began to fail in health after consulting a number of physicians, none of whom were able to locate his trouble; he travelled about, thus hoping to regain his health; instead of getting better, he became worse and returned to his home expecting to die there.

It so chanced that he called on this friend of mine, who, after examining his mouth, advised him to have a badly decayed second molar, and a somewhat impacted wisdom tooth, removed. This was done. In a comparatively short time, this man was restored to health. There have been a number of similar cases reported. The great danger in this discovery lies in the fact that a good many physicians and some dentists jump at conclusions, and advise a wholesale removal of the teeth, when, by a little more cautious method, satisfactory results could be obtained.

Dr. Grieves of Baltimore, in a paper read before the fiftieth annual meeting of the Georgia State Dental Society, made this statement: "It is my belief that all septic teeth should not be treated, but should be extracted and the sockets curetted, for they are the cause of serious eye, heart, joint and gastro-intestinal diseases."

When men of his standing give an opinion of this kind, it is not surprising to have your dentist, when you appeal to him to save a tooth thus affected, advise you to have it extracted. He deprives

you of something you value, but which he deems detrimental to your health.

Now in this talk, I have been presenting to you a few thoughts on a vital subject; it will not benefit you for the reason that you already know the importance of taking care of your teeth and do it because you are able. But your society is imbued with the idea of helping, not the children, as I take it, of the rich or well-to-do, but the uplift of "the children of today who will be the statesmen and businessmen of tomorrow," and among these may be a large number in our community who are poor.

Pardon me then for throwing out the suggestion that you enlist your energy in the endeavor to have established in the community an institution which will have for its object the betterment of the teeth of the poor children we have in our midst, and the alleviation of dental suffering of the poor generally. In our local society, we have, at various times, discussed this subject, but somehow nothing has been done. If you will pardon me still further I will outline a general plan by which this work may be started.

Subject of course to changes and improvements—it is this:

Let the city establish this charity as it has done so many others, of which none are more important than this.

How to go about it—first raise a moderate fund; part of this the city can supply and the rest I have no doubt can be raised when our citizens are made to believe in its importance.

Then procure a suitable room or rooms, have them properly equipped with dental chairs and dental instruments and materials necessary, provide charts for record of patients relieved and treated, and employ a recent graduate of dentistry, or older practitioner, if available, whose duty it shall be to do the work and run the institution.

The details can later be worked out, such as appointing a board to see that the work is properly managed, or any other matter that will make for success.

This could be tried for a year and if conducted, who can tell what a glorious future may be unfolded?

Perhaps an Eastman or a Forsyth may arise and endow the charity, and even though it could never perhaps reach the magnitude of those noted institutions in Rochester, N. Y., and Boston, Mass., still you would have a very creditable second of them and be doing as valuable work in our community as they are for theirs.

The children of all the schools of the city should have their teeth examined at intervals, reports of work needed being recorded on cards made for the purpose with advice, through parents and guardians, to see their dentists—sending the poor, who have no help of this kind, to the institution you are about to establish.

[AUTHOR'S NOTE.—The friend, to whom I alluded above, was Dr. H. W. Morgan—lately deceased.]

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, IND.
Contributing Editor

"Things Are Not What They Seem" at First

WHEN amalgam was first introduced, the curbstone description of the technic for using it ran something like this, "You simply take some filings in your hand, add a few drops of mercury and rub 'em together with your thumb. The stuff gets like putty and you daub it into the cavity."

When rubber for plates was discovered, it made denture making so easy a half-wit could do it —or did it?

When the inlay appeared, why all there was to it was to "punch a little soft wax in the cavity, have the patient bite, trim off the excess, pull it out and dismiss the patient." The next day the patient came back and the inlay was slipped into place!

Time has caused us to alter our opinions of these things.

Nevertheless the advent of the radiograph is now being hailed by some with "Stick a film in the mouth, press a button, and bingo, she's made."

Like the amateur photographer in the field of picture making, the green radiographer finds it genuinely easy to get a fine result —by accident. But to make good radiographs deliberately — Ah, that is quite a different matter. And to know the difference between a good looking radiograph and a good diagnostic radiograph. And to know when radiographs have been made to yield all the information they are capable of giving. And to know when to distrust them and when to believe them. And to understand instead of misunderstanding them. These things are not so easy.

The mere making of radiographs is much easier than the man who has never made any imagines, and the practice of intelligent radiodontia is much more difficult than the man who has made a few radiographs dreams it can be.

Shall we, in our relation to the radiograph, profit by our experience with amalgam, rubber and the inlay? Probably not.

FOREIGN BODIES

To the best of my recollection, as I write, the following is a list of the foreign bodies seen by the writer in radiographs of the teeth and contiguous parts:

Cement and gutta percha in the alveolar process, broken broaches in teeth and penetrating the sides and apical foramina of teeth, hypodermic needles various places, an ordinary sewing needle in the canal of a tooth, BB shot under the mucous membrane flattened against the superior maxillary bone, shrapnel, a piece of pyorrhea instrument (scaler) in the alveolus, little globules of mercury in the alveo-

lus, a piece of nickel-plating off forceps, a piece of broken elevator, drainage tube in the antrum.

It is sometimes difficult to differentiate between a piece of broken broach in a canal and a piece of gutta percha canal filling. The following are points of difference: The outline of the broach is sharper, it is usually smaller, and the square, broken end of the broach has an appearance which is characteristic and different from the end of a piece of gutta percha canal point. The use of a reading glass will help greatly in differentiation.

When an amalgam filling is inserted little particles of the amalgam trimmed off the amalgam restoration drop into the vestibule of the mouth. If now a radiograph is made before all of these particles are expectorated, the shadow of the pieces of amalgam may register on the radiographic film in such manner as to prove quite confusing to one unfamiliar with radiographic interpretation. When such spots are found by those who cannot figure out what they are it is usually assumed that they are "a foreign body of some sort in the bone."

An area of osteosclerosis may be mistaken for a foreign body. Also a spot, a photographic fault, in the film may be mistaken for a foreign body, and conversely a foreign body may be mistaken for a fault in the film.

What Next?

New York, Feb. 23.—An eye for an eye and a tooth for a tooth used to be considered good law, but that was before the days of prohibition and labor unions. Many an eye that depended upon the old-fashioned eye opener has been dimmed since Jan. 16 last, and some eyes have been permanently closed from the effects of wood alcohol.

The next raid upon the national physiognomy will take place Thursday. This will be directed at the jaw. Until now, members of the Dental Mechanics union have cared not who make the nation's prohibition laws so long as they could mould teeth—its third teeth, that is; you know, the false kind. But unless the Dental Laboratory association grants the union's demands for a 40 per cent raise in wages, a 44-hour week, a closed shop and double pay for overtime, the dental mechanics are going to quit making teeth on and after Thursday. Not so much as one stingy biscuspid will be produced at the mills, says the union. If the employers come to terms, all teeth employed in the United States will be union teeth and will bear the union label conspicuously displayed. At the headquarters of the employers today nothing was said for publication, but there were rumors that the members were busy boring from within.

Some Thoughts on "False Teeth"

By H. E. TOMPKINS, D.D.S., New York, N. Y.

NATURE planted teeth in man and they grew. When grown they are found to be nice white (not always) crowns and one or more roots well imbedded in bony structure to a depth of three-eighths or more, of an inch. With these teeth one is enabled to crack nuts, eat tough, fibrous, resilient foods, chew gum and taffy candy and to do the many usual and unusual things performed with the mouth and teeth.

The teeth are built or designed and set to withstand severe wear and much shock. So well planted are they that often a blow in the face will break off the coronal section of a tooth and leave the root in place. Again, we, as dentists, know that some teeth are so well planted that we are often tempted to use dynamite in their removal.

Now, in Nature's way of placing teeth, certain lines, arcs, angles and various other geometrical designs are noted, all of which are for a definite purpose, namely, the proper trituration and mastication of foods.

Some scientists have decreed—correctly or incorrectly as the case may be—that these lines, arcs and angles must be followed when we reconstruct edentulous jaws. The assumption is, presumably, that since Nature's formation and situation of teeth is right and proper, man must necessarily follow those plans when forming and setting artificial teeth.

I wonder if that is the correct thing to do?

To that end expensive and extremely intricate articulators or antagonizers have been devised for the proper (?) anatomic placing of artificial teeth.

Individual teeth have been molded in as nearly true anatomic forms as is humanly possible—singly and *en bloc*. Cusps, prominences, ridges, depressions and other things have grown on artificial teeth so that by looking at them from the roof we know which are false and which are true.

Wasn't it old P. T. who said—but what's the use?

I'll say they are bunk—freaks—or any old thing you want to call them. Of course, not all of them.

No teeth or set of teeth on a base was ever constructed which will or can withstand the rough and ready service and shock as can Nature's own teeth. Here *you* agree with me.

Just think.

One hundred years ago—more or less—porcelain teeth came into private use. Each man of dentistry had his own pet formula for making his "chinas." About 80 years ago, porcelain teeth went on general sale. Metallic and porcelain bases were used on which to place the teeth. About 50 years ago an advance was made to the use of "vulcanite." Soon after that celluloid came in.

Please note that since that time—nearly fifty years ago—*no advance has been made in the building of artificial teeth.* True, Lines of Spee, Angles of Goulash and Arcs of Umoff have been discovered. So, too, have a lot of other "dutchmen"—(do you know what a "dutchman" is? It's a makeshift—something to connect—to cover or to camouflage).

Huh? Well, it's true, isn't it? Why fuss just because some one tells the truth once in a while?

How can any sane man expect to copy Nature's designs and set them on a comparatively flat disc or plate and hope for positive results, especially when Nature set her teeth with spikes, in bone, a half inch deep and with cushions around those spikes?

Picture the strength of man's plan.

An old lady is seated in a cozy room. She wears "false teeth." On her lap, cooing, clawing, mauling and loving, is her little grandson, just six months old. Baby, in his maudlin way, pushes out his finger and touches Granny's cheek, gently. At once, Granny has a mumbling fit—she wabbles her jaw and tongue around trying to re-seat her false teeth which baby pushed crosswise with his gentle "iddy finner" and upset Granny's articulation.

That shows how well placed is man's teeth.

In the recent argument between Mr. Jack Dempsey and Mr. Jess Willard, certain interchanges of professional courtesies were made. As I understand it, Mr. Willard decided to lie down on the floor for a few seconds, n.v. per force of Mr. Dempsey's argument.

Preliminary to Mr. Willard's desire to rest, Mr. Dempsey with great professional perspicacity, laid his professional implement against Mr. Willard's dental organs, a trifle heavily, perhaps. Thus was developed a soporific desire. No casualty resulted, however, such as displacing Mr. Willard's teeth, one or all.

And that shows how well Nature planned her fixation.

But—there is more of the bunk.

Some one said three points of contact. I wonder—what good are these three points of contact when a bite of an apple or any similar thing is taken? Really, there is only one point of contact we need worry about and that is the point of contact between the "plate" and the tissues against which it rests.

Three points of contact would be fine if our teeth were moved only sideways and fore and aft; but, hang it, we must eat and drink and bite and chew and talk, that means an open mouth; and moreover, our mouths are always open—when at rest, the teeth are never clenched.

Now, friends, if you have started thinking, take a pen, pencil or typewriter in hand and say as much as you please. Tell me just what *you* consider the requirements of a perfect set of false teeth to be. Perfect fit, correct articulation, efficient mastication, what else?

Do this, please, and we will consider this little bunch of words as an eye-opener (we don't have the other kind any more) which will serve as the first of a series of papers that will "let the cat out of the bag." And, we won't

advertise any one tooth, freakish or commonplace, nor any other hifaluting doodad. Just let us talk false teeth and how we can make them best. My address is 2105 Seventh Ave., New York City.

Do Our Presidents Live Long?

OF the twenty-five Presidents of the United States who have died, only twelve reached the age allotted to man by the Psalmist, says the *New York Sun*. Only one, John Adams, reached fourscore and ten, and no President since John Quincy Adams has lived to be 80. The three oldest Presidents were the immediate successors of Washington.

Taken according to longevity, the table of our departed Presidents offers an interesting sequence:

	Age when Inaugurated	Died
John Adams	61	90
James Madison	57	85
Thomas Jefferson	57	83
J. Q. Adams	57	80
Martin Van Buren	54	79
Andrew Jackson	61	78
James Buchanan	65	77
Millard Fillmore	50	74
James Monroe	58	73
John Tyler	51	71
Grover Cleveland	47	71
R. B. Hayes	54	70
W. H. Harrison	68	68
George Washington	57	67
Benjamin Harrison	55	67
Andrew Johnson	56	66
Zachary Taylor	64	65
Franklin Pierce	48	64
U. S. Grant	46	63
Theodore Roosevelt	42	60
William McKinley	54	58
Abraham Lincoln	52	56
C. A. Arthur	50	56
James K. Polk	49	53
James A. Garfield	49	49

The average age at which the Presidents took office was 55, and the average period of their lives after that was fifteen years. So, in a way, the Psalmist scores after all, for the average age of these upright men was 70.

Roosevelt was the youngest to enter the White House.

Correct Pronunciation

By H. L. AMBLER, B.S., D.D.S., M.D.

The service that Dr. Ambler has so long performed for the Cleveland Dental Society in constructive criticism upon the correct use and correct pronunciation of technical words should be rendered as nearly as possible by similar critics in every society and school.
You can only convey your ideas accurately, if you understand the language and use it properly.—Editor ORAL HYGIENE

POOR words are like poor tools—good work cannot be performed with them. In 1877 the American Dental Association — now the National — appointed a committee on nomenclature, and from time to time they have issued lists of dental terms with their approved orthography and pronunciation.

After the adoption of the resolution, the president appointed me, and I have held the position ever since with the exception of one year. During the monthly meetings, which occur seven times per year, and extending over several years, the critic noted words improperly pronounced, and from these lists

Poor words are like poor tools—good work cannot be performed with them.

In 1903 at a meeting of the Cleveland City Dental Society, I offered, viz., Resolved: That we adopt as authority the report of the committee on nomenclature of the National Dental Association for the spelling and pronunciation of dental terms, and the Standard Dictionary when a word is not found in their report; also, that a critic be appointed yearly by the President.

he selected about one hundred and forty words which were most commonly used; a list of these was printed, on card-board, with the correct spelling and pronunciation, and one of these lists was given to each member. Of course this list only represents a meagre portion of the whole number of terms adopted by the National Association. Literary societies connected with all colleges and universities have

a critic, whose duty it is to correct essayists and speakers, among their members, in orthography, pronunciation and diction; now, if it is good training and education for them, it certainly is good for professional societies where so many mistakes are made, either from lack of education or carelessness. My province, as critic, consists in noting dental terms improperly pronounced at a meeting, and at the subsequent meeting, *viva voce*, give the correct spelling and pronunciation, without calling the names of those members who made the mistakes; thus the critic makes no enemies, but gains plenty of friends. Occasionally he has broadened his scope by calling attention to words, outside of dental, which are usually pronounced improperly, and he receives thanks from those who care to be classed among educated people. There is no gainsaying the report of the critic, because the society has adopted authorities. We claim that the correct spelling and pronunciation of professional terms, shows that a person has some education and it gives him, as well as his profession, prestige, as there are some laymen who take notice of such things, especially if they are college graduates.

So why not assist in adding laurels to your chosen profession?

Pyorrhea as a Predisposing Cause of Cancer.—At the Sixth International Dental Congress, Mr. F. St. J. Steadman, D.P.H., L.R.C.P., M.R.C.S., L.D.S., contributed a lengthy paper on "Dental Sepsis as a Predisposing Cause of Cancer," in which he brings forward a long list of authors in support of his contention. His conclusions are that pyorrhea alveolaris is by far the commonest predisposing cause of cancer of the alimentary tract and that 86 per cent. of all cases of cancer occur in the alimentary tract; that chronic inflammation is known to predispose to the development of cancer; that the great majority of persons suffering from cancer in the alimentary canal have chronic advanced pyorrhea and that this latter condition is not nearly so common in persons not suffering from cancer; that the constant swallowing of pus can and does, in many cases, bring about chronic gastritis, and that the majority of patients suffering from cancer of the stomach have had chronic gastritis for many years prior to the development of cancer. It also seems probable to the author that pyorrhea predisposes to cancer in other parts of the body.

This may be true; very little is known about cancer, but we think it advisable to repeat the remarks on the same subject by Sir Rickman Godlee at the Congress: "There is, as far as I know, no evidence that oral sepsis is accountable for cancer in the mouth and, if possible, less that it can cause cancer lower down. It is, therefore, very wrong to disturb the public mind by such a suggestion."—*Dental Record*, (London).

Correspondence

Editor Oral Hygiene:

Kindly take my name off your mailing list for ORAL HYGIENE. The war is over and I do not care to read "Hymns of Hate" any longer especially in a publication supposedly devoted to the Science of Dentistry.

I am referring to the article "Here They Come" in the March number. The gentleman responsible for that piece of literature seems to forget that if America wishes to sell goods to the Germans they naturally will have to buy too. But perhaps his brain capacity is insufficient to comprehend that or perhaps the gentleman is a stockholder in some dental manufacturing concern, which would account for his ebulition.

Very truly,

E. C. HUTTMANN

Ashley, North Dakota.

Editor Oral Hygiene:

Your February number contains an article by Dr. Savage which I wish to commend all the way through, but more especially that paragraph advising, "Buy Greene Brothers' course in Plate Work and study it conscientiously, then practise its teachings." It is a mystery to me why several men have for a few years, and are now, teaching the Greene impression method and are calling it by their own names. They may have made a few changes in the technic, but I doubt it. I have seen several men at the clinics show how to make these impressions and their methods are the Greene system. I am writing this letter for the purpose of trying to see that Drs. Greene are given proper credit. I wager they never received proper remuneration for the great service they have rendered humanity and dentistry. Let us call the methods Supplee-Greene, Hall-Greene, etc., if we wish but don't forget Greene. Just recently I saw a clinic given under the name of Hall method and believe me it was Greene all the way through.

I am writing this because I have just wanted at those clinics to get up and protest forgetting Greene and this article comes along and I cannot resist writing about it.

About ten years ago I saw Dr. Greene up on a chair talking his head off trying to attract the attention of the dentists at the National meeting in Minneapolis. He made so much noise he had a crowd around him all the time. His statements as to what he could do seemed pretty strong. After he had finished his clinic I told him that if he could teach me how to make a plate stay put as well as he claimed I would gladly pay his fee of $25.00 to be shown. Well he showed me with a few hours' instruction. I returned home and called in several of those flat jaw and hard jaw cases I had failed with and to my surprise I succeeded beyond expectation. I have been using the method ever since and have not been able to improve on it

practically, after seeing several of the clinics by other men. Hall depends on plaster to finish the impression which Greene advised was not necessary and Greene is right. I use plaster in some cases when I don't want to take the time to make it complete with compound as it should be done. "But it is not necessary," Dr. Greene said to me, "for the crank in plaster who insists he wants to use plaster, after completing impression in compound then to mix plaster like cream, pour in and place back in mouth and when withdrawn, if compound was properly fitted it will be seen that all that the plaster had done was to change the color." Many times I have made Greene impressions which upon making the final correction I could hardly dislodge from the mouth.

The advantage of using entire compound is that it needs no varnish and gives a hard-surface model as it abstracts no water from the model plaster making that porous.

The Drs. Greene worked long and hard to introduce their methods and I think their names should be perpetuated with the system. Let us all call it the Greene Impression System and be honest.

Sincerely yours,
F. E. Raiche, D.D.S.
Marinette, Wisconsin.

Editor Oral Hygiene:

We have read with a great deal of interest Mr. Bosworth's article on "How to Double Your Income," and while thoroughly agreeing with him on a great many things, we feel that his classification of work does not apply down in this neck of the woods.

In going over our records extending over 14 years' work, we find that the bulk of work applies to amalgam fillings, cement fillings, extractions and plates, while his classified productive work has been less than one-tenth of the whole. We think this will be found true of the average practitioner, especially those working among the poorer class of patients.

His idea seems to be to do less work and get more money, which from his point of view we guess is all right. But how are we going to do it? Double the charges on items enumerated, and thus place dentistry beyond a class that so badly needs it?

Take six patients a day and let the others do the best they can with their grief or take it to a fakir? Or dump one patient out of the chair and call "Next!" like a barber?

Every dentist knows there is no profit in treatments, as every physician knows there is none in corner consultations.

None but the rich can stand for high class treatment at a high class price. If the dentists really got paid for their time, patience and skill in treating teeth, they could afford to extract them for nothing.

On the other hand, if the patient had only a certain amount that could be applied on dental work and several teeth needed treatment, it would mean putting off some work which would be

profitable both to the dentist and patient.

In making examinations, we generally make work for ourselves, or some other dentists, and it is all in the family. The physician's examination is different in that it is one that requires a greater amount of experience and knowledge before treatment commences than afterward. Ours is just the reverse.

We agree with every word Mr. Bosworth writes on plate work and have been advancing our fees for them so consistently that the other fellow is doing a lot of our unprofitable work. We don't entirely agree with him on children's work, though in the main he is right. We look upon them as a farmer does upon his seed for another year, not much good when the balance of crop is making money, but all right when you need them later on. We are now working on three generations, and if we continue to practice expect to start on the fourth before many years.

After a practice extending over many years, we are convinced that the question of fees is one of locality, circumstances and class of practice and that no one but in a general way is competent to advise, except he that has made good under the same conditions.

Yours truly,

JAS. O. HART M.D., D.D.S.

Pendleton, Virginia.

Editor Oral Hygiene:

Much has been said and written against the gold shell crown, either singly or as abutments, either seamless, two piece or cost, that possibly a little reminder from one of the kid practitioners would not be amiss, providing Doctor McGee doesn't throw it in the waste basket, so please excuse my errors.

Almost any dental magazine of today you look over you will find an article on preventive dentistry condemning the gold shell crown as being unsanitary, etc. Don't you think it is largely the fault of the practitioner in the preparation of the root? How many of us really prepare a root properly for a gold crown? There are a number of crowns such as the Carmichael and the Jacket crown that are much better than the gold shell, but they cannot be used in all mouths. For example, a short bite case, and the most important case of all, that of the uneducated patient. Don't you think that they consider the difference in the fee charged? Doesn't the skeptical farmer think that we want to line our own pocketbook? Possibly you city practitioners will not appreciate this, but it's a fact and has got to be considered by a country practitioner like myself. Why, in the majority of cases, they prefer to have a tooth extracted in preference to paying even one or two dollars to have a tooth filled! Do you think they would pay the difference in fee to have porcelain jacket crowns placed in their mouths?

With these cases I am forced to construct gold shell crowns and I try to prepare the root properly, that is, to remove all enamel from crown of tooth and make the walls

parallel so that the band fits tightly around the root.

I think if we all remember the teachings of our college days regarding the preparation of roots that the gold shell would give better service and possibly be just as sanitary as any crown made.

Don't you think I'm right?

Yours truly,

P. L. McDONALD, D.D.S.

Peshtigo, Wisconsin.

Editor Oral Hygiene:

We would appreciate notation in your "Notes and Comments" of the organization of "The Dental Hygienists of California," an association of graduate Dental Hygienists, just organized.

The object of this new society is for the furtherance of the Oral Hygiene Movement, and to broaden the education of the hygienist.

The officers are:

President—Mrs. A. O. Wright, Oakland, Graduate of University of California Dental Hygiene Course.

Vice-president—Miss Elma Platt, of San Francisco, Forsyth Graduate.

Treasurer—Miss Helen Prosser, San Francisco, Graduate of University of California.

Secretary — Miss Charlotte Greenhood, San Francisco, Forsyth Graduate.

Respectfully,

CHARLOTTE GREENHOOD,

Secretary.

Editor Oral Hygiene:

In the current issue of your fine little journal, I have found an item the heading of which is, "Why not teach the history of dentistry?" As I have been engaged in teaching Oral History in the Dental Department of the University of Maryland since the session of 1911–1912, I am sending this brief message to your many readers, feeling sure that it will be of interest both to them and to you. Pray permit me first to express my gratification because of your having assumed the editorship of ORAL HYGIENE in succession to the late Dr. W. W. Belcher, a noble pioneer in the most important propaganda of modern times. I have a very warm spot in my heart for the publication, over whose destiny you will in the future preside, for, in preparing my lectures upon oral hygiene to be delivered at the University of Maryland, I found therein many valuable and useful hints. I wish you all abundant success in your new field of labor, and you will find it, I am sure, a most inspiring one.

In the year 1911, the Regents of the University had a vision, which they proceeded to translate into service to mankind and broader education to men studying oral science, by founding a chair of "Oral Hygiene and History" and made me its first incumbent. I believe, therefore, that I have the honor to be the holder of the first full Professorship in these subjects, and the University of Maryland the first school to teach them, in the world. I have esteemed the honor very highly, and each session, since then, I have delivered thirty

lectures upon these absorbing topics. I have heard it stated, by stupid and illiterate persons, that the subject of oral history is simply one of the frills attached to the curriculum of such a department as the one with which I am connected, and that it has no deep and abiding value to the graduate student. It seems to me, any one holding such an opinion, can never hope to become more than a fair mechanic, and I have instructed the men who have gone out as Alumni from the University, since 1911, that they must be able to be measured by higher standards, and judged in the arena of life as men of higher and broader intelligence and knowledge.

Too much time is spent in all professional schools upon what may be termed practical subjects, thereby making for a one-sided education; and I can conceive of no better plan than to add to any technical and scientific course some branch of study which would make for a more general intellectuality, and while, of course concurrent, as well as correlated, and useful, would have a broadening effect upon the student, and relieve him from the tension of the perpetual technical grind.

Such a course, Mr. Editor, and I am sure you will agree with me, is oral history, whether it be of the progress of the unfolding of the oral hygiene propaganda of a little more than the past generation, or of glimpses of the onward movement of events dating back to the era of antiquity of one of the most interesting, absorbing and highly artistic subjects this world has ever known.

What must needs be the public opinion of the doctor of any science and art, who cannot tell you of the advances in the particular branch he is teaching and practicing?

What would you think of a doctor of divinity who could not speak intelligently regarding the progress of religion and its mighty and all conquering march down through the ages?

For these men and women we cannot find an excuse, for many such histories have long since been placed within their easy reach, and this knowledge has become, years ago, an integral part of their education, and of that, as well, of the countless students coming under their teaching and control.

Students of oral medicine, upon the other hand, until the year 1911, did have some excuse for their all-pervading ignorance of the history of their science and art, and for two well marked and distinct reasons.

The first of these is found in the fact, that university and college facilities had not furnished them with a teacher whose sole duty it was to instruct them in one of the most interesting branches of modern education, thus tending to equip them as well rounded, educated men.

The second reason may readily be ascribed to the fact, that until the year mentioned above, there had not been published a history of oral medicine, and because of this lack, the search for truth had been perplexing, indeed, well nigh impossible, for the average student.

So far as I know, a history of American oral medicine has not yet made its appearance, and my lectures upon this wonderful period were prepared with an infinite account of labor.

Students, in the University of Maryland, at least, will not be able to make excuse from either viewpoint, and, so far as in me lay, they have been sent out, since 1911, as well rounded men, thoroughly grounded in the important events of the past history of their chosen vocation, and I have been told by many of them, that they have found the study as instructive and interesting as anything they have ever undertaken. It seems to me that it is impossible for any one to be an educated man, who is in ignorance of the great epochal events in the growth and development of a science and art which he proposes to practice and teach; and as every doctor should be a teacher, we find, in this statement alone, full justification for the teaching of history to all embryonic oral specialists. Permit me to say in conclusion, that oral history teaches what and how to investigate, and is the best antidote we know against egotism, error and despondency. It increases our knowledge, gratifies natural and laudable curiosity, broadens our viewpoint and strengthens our judgment. It is a rich mine from which may be brought to light many neglected and overlooked discoveries of great value.

It furnishes the stimulus of high ideals which we poor, weak mortals need to have ever before us; it teaches our students to venerate what is good, to cherish our best traditions and strengthen the common bond of medicine in all its branches. It is the fulfillment of a duty—that of cherishing the memories, the virtues, the achievements of a class which have benefitted the world as no other has, and of which we may be proud that we are members.

All that precedes this is respectfully submitted as the reasons why the history of oral medicine should be taught in all professional schools, in the opinion of

Yours very truly,
B. MERRILL HOPKINSON, C.D.D., A.M., M.D.
Baltimore, Md.

Editor Oral Hygiene:

The very timely articles on oral hygiene in your February number were of immense interest to me and I agree heartily with those men who claim that the Hygienist has come to stay. That she is indispensible in a busy practice, a trial will prove, and that she can be of as much value to the patient as to the dentist, would be readily acknowledged were we frankly to compare our own training in oral hygiene with that of the Hygienist.

As for the rather ridiculous criticism that she makes money for the dentist, it would be simple enough to figure the cost of her services and either reduce the fee to the patient or increase the salary of the Hygienist, taking it for granted, of course, that the making of a profit on an employee is to be considered unethical.

One of the main objections to the Hygienist seems to be that not enough young women have taken it up to provide for infirmary as well as private work. Under those circumstances we would imagine that some inducement would be offered to attract the proper class of women to this work, but, on the contrary, conditions are made that bar the very type that, within all reason, might be supposed to develop into the ideal Hygienist. I refer to the dental assistant who has been aiding us in our cement mixing, amalgam work, novocain preparation, etc., etc.

Is it not probable that one who has been developed in our own offices, under our careful tutelage, should be fit to enter (please note that I only ask for the entrance privilege) the course of oral hygiene? And still the Columbia directors evidently feel differently, for my own assistant, who has been with me for five years, was refused admission to the course at Columbia because, unfortunately, she had never been able to attend high school. In the five years that she has been in my office she has assisted daily in the oral hygiene operations, besides conscientious studying of the theories of prophylaxis.

Of course, after her rejection by Columbia, she immediately stopped her study of the teeth and gingiva and is now concentrating on Algebra and Spanish or Greek and ancient literature or some such subjects which she has been told will enable her to get her regent counts and so become more fit to start her hygiene campaign.

I appreciate fully that every college must have a standard of education for admission but considering that this particular course is limited to a very special field and that the worker in that field will be under the supervision of a dentist with his rigid college training, I feel that we might very well make a three or five year apprenticeship as a dental assistant the equivalent of a one year high school education. In that way the pathway to the position of Hygienist will be opened up to our co-workers in the office. It will be a kind of promotion to those young women who, through associations in our offices have had inculcated in them a love of the profession, and would therefore make ideal Hygienists.

As it is, the course seems confined to those fortunate high school graduates who through some college propaganda or lure of the salary promised, think they would like to try it out for a while.

Very truly yours,
W. H. WOLFF, D.D.S.
New York, N. Y.

Editor Oral Hygiene:

In the matter of systemic infection arising from the teeth, I would like to ask the following questions:

1. Where systemic infection is caused by a devital tooth does the X-ray picture show an area of rarefaction (or any other indication) in *all* cases?

2. Should systemic infection be assumed from every case in which the picture does show an area of rarefaction?

3. Is there any treatment for such areas of rarefaction except extraction?

4. What degree of infection or rarefaction (as shown by the picture) indicates extraction?

5. May a tooth that is perfectly comfortable be a source of infection?

6. In deciding the question of extraction what other symptoms should be considered along with the X-ray evidence?

7. In case of systemic infections having actually arisen from infected teeth, the case being of long standing, would extraction of the infected teeth necessarily produce a cure? If secondary foci have already been established what would the effect be of (a) extraction (b) leaving the teeth in?

8. What degree of pyorrhea may cause systemic infection?

9. May systemic infection arise from pyorrhea when the presence of pus cannot be shown?

This is getting to be a pretty live question and I am lost in the wilderness.

A recent picture of an upper molar showed one of the buccal roots filled to the apex, the other not filled at all. An area of infection was shown at the apex of the filled root but no disturbance on the unfilled root.

My own personal experience is this. About fourteen years ago I had the upper left second bicuspids and the lower right first molar devitalized. I know positively that the mesial canals of the molar were not filled yet the tooth has never given me the slightest discomfort. The upper second bicuspid being one of the easiest teeth from which to remove the pulp I think I am safe in assuming that the canal was filled to the apex yet the tooth has at times given me some slight trouble.

I had more rheumatism before I had any devital teeth than I have had since.

I would greatly appreciate a reply by mail, but if that is asking too much I would be pleased to see my questions answered in ORAL HYGIENE.

Very respectfully,

J. Barr, D.D.S.

Redmond, Oregon.

P. S. Are we not safe in assuming that some infection occurs at the apex of nearly all devital teeth but that nature takes care of it in much the same way that she takes care of a bullet in the body? If that is true what good does the X-ray picture do?

REPLY:

The X-ray picture usually shows a rarefied area about the tooth or teeth that are responsible for systemic infection. This is not true in all cases because the angle at which the picture is taken may not reveal an area that is present and that will show at some other angle; second, the existence of the rarefied area varies with the amount of local infection and at times would be almost impossible to see; while, in the same case, at other periods, it would be very plainly indicated. Consequently, the X-ray is not a complete diagnosis in any of these cases.

2. Systemic infection cannot be assumed from every case

in which the picture shows an area of rarefaction, because there are many cases in which the system has sufficient resistance to overcome the products of bacterial action, that are absorbed into the circulation, and will continue to do so until some other cause lowers resistance, when infection will proceed.

3. The question of treatment of a rarefied area is very complex. In my opinion, extraction is not a treatment, but only a part of a treatment. The root-canal technicians believe that there are many cases in which they can treat rarefied areas and overcome them. I do not believe that it can be done very frequently. I believe that, where an extraction is necessary on account of infection proceeding beyond the apex, a thorough curettment in a highly intelligent manner is required to effect a cure.

4. Owing to the fact that there is no recognized scale or degree in rarefaction, each man must base his conclusion as to treatment upon his X-ray plus his objective and subjective symptoms plus the condition and case history of the patient and his own experience. No scale has ever been invented that eliminates the very high importance of personal judgment.

5. A tooth that is perfectly comfortable can be a source of the most virulent infection that, in my opinion, has many times resulted in death.

6. In considering extraction plus curettment—the two always coming together in properly treated cases—you should consider all symptoms that you can elicit, in addition to your X-ray, unless the case is so plainly hopeless that there is nothing else to be done; even then we should know whether there is systemic involvement and to what extent.

7. (a) When a case has been neglected for a very long period, surgical treatment will not, as a rule, effect a cure, but will be very strongly conducive to a cure—in fact, a cure is impossible without it. But, infections of long standing almost always have resulted in secondary foci of infection, which must in turn be eradicated before a cure can be accomplished; and, as the location of the secondary foci may be very difficult to reach or very obscure, your chance of effecting a cure is in exact proportion to the promptness with which you eradicate the original foci.

7. (b) Hopelessly infected teeth should not be retained in the mouth under any circumstances whatsoever.

8. Any degree of pyorrhea may be a cause of systemic infection, and if the pyorrhea can be treated successfully, it should be done; but, if the expert in the treatment of pyorrhea believes that his case is hopelessly diseased, then surgical removal of the teeth should be resorted to.

9. If you mean to show the presence of pus so that your eye can see it, I will say that it is not necessary to have such a degree of infection to cause serious results. If you mean that the presence of pus must be shown by a microscope, I will say

that in many of these cases—even with so small an amount of pus—you can have systemic involvement, depending wholly upon the condition of the patient. But, you must remember that there are many types of infection which do not necessarily produce pus, but which are dangerous to the general system.

You are quite right, in your postscript, in assuming that some infection occurs at the apex of all devitalized teeth and that Nature does take care of it or we would all have been in the hospital or in the cemetery long ago. There is an effort on the part of Nature to encapsulate the end of a root, but not in the same manner that a bullet or other foreign, inert body is encapsulated in the system.

An X-ray does good in exactly the proportion that it brings to your view those conditions which are present and at which you can only guess without the penetrating eye of the X-ray machine. These radiographs are not in themselves a complete diagnosis, and your examination without radiographs is not complete. It takes the whole sum to make a thorough diagnosis, which should be reinforced, if possible, by microscopic examination. And then, if somebody else will invent some other method that will give us further enlightenment, we will have to add that to our outfit.—*Editor* ORAL HYGIENE.

"The dance frequently bridges the great gap between the present and the past that was before the war for some of the poor fellows at Uncle Sam's hospital at Fort Benjamin Harrison, Indiana. Most of the soldiers there are mental patients. Mr. P. L. Mantani, Red Cross musical director, one day struck on his harp the note that brought memory back to a stolid Russian. 'I would play upon the harp a varied selection of folk songs and national anthems, and I soon discovered that some responsive shaft struck home. One patient, a Russian, who could barely speak English, was particularly silent and morose. I played at him the Russian national anthem and several Russian folk songs. There was no response. But the moment I struck up a Russian dance, the patient came to his feet. He began snapping his fingers. He began to smile. Then, crossing his arms, he performed a genuine Russian dance. This hugely delighted his mates, and the man rapidly improved.' After that, team clog dances were inaugurated. Two or three benches were placed lengthwise, with orderlies holding them secure. The director would induce a man to give a fancy step on this improvised platform. This invariably aroused the men, and they were easily persuaded to sing."

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*
613 Jenkins Bldg., Pittsburgh, Pa.

ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

Lay Education

OVER the entire country there is a desire for reliable dental information.

The greatest difficulty that is encountered in the effort to answer the inquiries of the people is the translation of scientific thought into the language of the people. Almost any dentist knows enough about dentistry and the relation of mouth health to general health to write a book.

The difficulty is to tell it so that the correct idea will be conveyed to the lay mind.

Things that are as plain as day to two dentists in conversation are a mystery when told to anyone outside the dental profession. Since it is difficult, at times, properly to explain dental processes and pathology even to those who handle dental supplies, how much more difficult it is to tell the story to those who have no technical knowledge of our profession.

When Maeterlinck wrote the story of the "Blue Bird" he led the children, Myltyl and Tyltyl, through this world and the next in the quest of the "Blue Bird" which was the representative of happiness and contentment. They journeyed to all of those places where they dreamed that happiness could be found and at last returned to the home of their father and mother and there in the woodcutter's cabin they found the "Blue Bird". So it was with Lay Education. We journeyed to the home of the great newspapers and the syndicates in order to find wide publicity upon dental matters—we

wished to find the medium that would reach the public through the newspapers and the dentists. Through ORAL HYGIENE we did reach the dentists, and intensify their already great interest and through the syndicate we very successfully reached a number of newspapers. As we became more experienced we found the most direct method to reach the greatest number of dentists and newspapers and people was right through the pages of ORAL HYGIENE, and so here at home we found the publicity "Blue Bird".

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for classroom work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the month.

Only *accepted* dental knowledge will be used. The language will be that of everyday use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special, early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town

where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without alteration.

3rd: These stories must not be used either in whole or in part as advertisements.

All letters will be answered as quickly as possible, but the immense amount of correspondence upon this subject that has come may cause a little delay which the editor hopes will be pardoned.

Philip on Apples

PHILIP of Macedon, who was the father of Alexander the Great, was a very thorough believer in health, and, like all the Greeks, had great admiration for physical perfection. Since his son has never had a rival as a military genius, either before or after his time, it is reasonable to give Philip of Macedon credit for having fair ideas upon how to raise a boy.

Philip was very fond of apples and he believed that every meal should be followed by the acid of fruit in order to cleanse the mouth and aid digestion. Consequently he made a ruling throughout his household that every meal must terminate with the eating of an apple.

It would be a good thing if we would revert back to this ancient custom, and get the beneficial effect of the fresh fruit juice as a cleansing agent for mouth and teeth.

Speaking of apples, did you ever see a baked apple without a hole in it? And why is it that when you eat a baked apple you always pour cream in the hole? Why don't you ever pour the cream around the hole? Because, the hole isn't put there to put cream in and the cream won't stay there if you put it in; but, somehow, a baked apple doesn't taste right unless you can eat it and imagine that the cream is slipping down inside at every bite just like fodder in a silo.

The other night I ordered a baked apple and I very carefully poured the cream in the hole; and then I noticed that five other people at a table next to mine had also ordered baked apples and everyone of them solemnly poured the cream in the hole, each not noticing that the other had performed this miracle of culinary dexterity.

Now, there must be some reason for this or we wouldn't all do it; but there is one thing sure — the custom of eating baked apples with cream would do us all a lot of good if we make it a habit.

And the habit of eating raw apples would do us a lot more good.

Did Venus Have Teeth?

WHEN you look at a magazine cover and notice the beautiful ladies and the Apollo-like men and the highly-intelligent kids and all that kind of people, you wonder how it is that the artist can take a piece of chalk or a pencil or a brush and render these pictures in such accurate and attractive form.

The study of artistic anatomy is most fascinating either at the theatre or the art school, and the more you go into it the more you find of beauty and of unexpected comparison and proportion; but there is one part that is sadly neglected in the teaching of artistic anatomy in art schools, that one part is most surprising when you consider the fact that all facial expression centers about it.

You would think that that portion of the anatomy, the perfection of which has been praised by every first, second, third and fourth class poet in the world, would at least come in for the same careful study that they give to a nose or to an eye; but, somehow or other, the artists overlook the poetical forms, colors and arrangement of the teeth as a necessary part of portraiture. Most artists believe that the difficulty in drawing a smile is in the arrangement of the lips. They will argue about the

"philtrum" and the "vermilion border," and the "naso-labial line," as being the secret of the portraiture of a smile. They can even prove to you that upward curves show happiness and downward show dejection; and straight lines show firmness; but after all, when it comes to a true expression, it is the arrangement and form of the teeth that make the mouth a lifelike thing.

The two central incisors above are the key to tooth forms so far as the visual appreciation is concerned. The distal half of the central incisor is almost exactly imitated by the mesial half of the lateral incisor and the distal half of the lateral incisor is almost exactly like the mesial half of the cuspid; and so it goes through, both above and below, except that the two lower centrals are the smallest teeth in the mouth, and next to them, the lower laterals and, of course, we appreciate the fact that lower teeth occlude from a third to a half of their width in front of the similar teeth above. This breaks the joint and gives a very characteristic expression to the mouth when the lips are parted.

Another thing that the artists fail to realize is the curvature of the line of occlusion, which more nearly approximates the curvature of the lower lip than it does the curvature of the upper lip. From the artistic standpoint, it would be a very good thing if our art schools would have dentists, who understand the artistic arrangement of the teeth, lecture and demonstrate the anatomy of the mouth.

For instance, a good orthodontist or a first-class prosthodontist could give lectures and demonstrations to art students upon the mouth as one of the most artistic factors in human anatomy.

Why Not Have a LeMaire Society?

A GREAT many dentists are interested in historical societies and in genealogical societies and have shown very considerable aptitude in various historical studies and investigations.

We have several who have written much on dental history, but their efforts were practically unaided; and it was necessary for each to go to the trouble and expense of looking up innumerable references. Many times these individual historians have been completely baffled in getting data, that would have been of great value and interest, simply because they could not use detective methods to go through the files and papers of private individuals where this data lies buried.

Would it not be a good plan for all of the dentists, who are particularly interested in dental history, to form a dental historical society — each member of which could collect either originals or copies of all the data in his vicinity and make it available for the future historians of our profession?

It would also be a very good plan to give lectures on dental history before dental schools — not a constant repetition of the very few books that we have upon the subject, but varying the lectures with original research now and then. In this particular work, the wives and daughters of many of the dentists would also take a very keen interest because there is a certain romance and far more vigor, adventure and achievement among the men of our profession — both in the early years and now — than most of us appreciate.

This society could act as a custodian of data and could either receive and take care of specimens of early dental work or could at least get reproductions of these specimens and keep a record of where they could be found.

Also, they could look up the dental data of the great museums; and, as an official body, would be able to get records and information that would be very difficult for the individual to secure.

This work, in connection with the great index and cross-index of dental literature that is now being prepared, would put us in an excellent position among scientific bodies.

The value of tradition cannot be over-estimated, and our traditions are much finer than many, who have not paid particular attention to dental history, realize.

In honor of the first teacher of dental surgery in America, such an organization could be known as the LeMaire Society.

Are you interested?

The 100 Per Cent Club

"The American Academy of Applied Dental Science"

WHEN the world was young the gentlest form of amusement was a fight. Most of us are like the world; we fight when we are young but as we grow older we are able to see, a little more, through the veneer of things and recognize the good that lurks in the heart of our enemy.

We have a habit of discounting the face value of new ideas, when we accept them—like foreign exchange. We do this in order to pacify our stand-pat instincts; so the man with a new idea must exaggerate it a lot. If he doesn't exaggerate, his thought, discounted upon acceptance, will be so shriveled that its effectiveness will be lost. Often a new idea that appeals has a few other ideas attached that do not appeal. Sometimes the exaggeration is too great—most often we oppose it because we do not understand it.

Some years ago I was greatly offended by the suggestion, in *Items of Interest*, that root canals were usually filled imperfectly and that the system would have to be changed. I do not fill root canals any more.

One time I "got sore" at ORAL HYGIENE and ordered my name taken off the list; now everybody knows that I am a regular subscriber.

We all change our opinions sooner or later.

In dentistry as in everything else we have the ultra-radicals and the ultra-conservatives carrying on a con-

tinuous performance with the great body of the profession acting as umpire and, now and then, dropping an old idea and taking on a new one.

The difference between a conservative and a radical is: the conservative is a radical supporter of an accepted theory—radical against any change—while a radical will become a conservative as soon as his pet notion is accepted and is subject to attack.

There is not much that is truly radical in George Warfield Clark's 100% idea and the society that has been formed around it. There is not much real conservatism among the root canal technique group—they are all willing to be convinced that there is a better way. The 100% idea, as I understand it, is simply this:

The ideal state of health for a human mouth is, first, to have all of the pulps vital; second, where infection is present in the mouth use the most approved surgical means to eradicate the infection.

Certainly no one would object to having 100% vital pulps in his mouth; I wish all of mine were vital. The effort toward maintaining pulpal vitality will simply co-ordinate and increase all of the prophylactic measures that we now use. Of course any sensible person knows that we could not maintain the vitality of all of the pulps in all of the teeth in America. Right there is where the opposition to this movement comes. Many very practical men really believe that Dr. Clark and his friends *expect* to achieve 100%, and reasoning from their own experience they jump to the conclusion that this idea means wholesale extraction. Nothing could be further from the truth. Dr. Clark's idea is primarily constructive. His writings and teachings are devoted to prophylaxis so that the normal status of the dental pulp, and, consequently, of the whole tooth, may be maintained. The reason particular attention is called to the pulp in this movement is because the dangers of focal infection can thereby be more thoroughly brought to the attention

of the dental profession—not to cause the loss of teeth, but to show what can and should be avoided by proper early care. As I understand it, the status of filled canals is not attacked but is left to those who believe they can fill a canal properly.

The 100% crowd do not deny the ability of others to fill canals properly at present; they simply say that under present conditions they cannot qualify, themselves.

The final proposition of these 100% people is that infection in the mouth must be eradicated as promptly as the best interests of the patient will permit—no one could disagree with that proposition.

I do not belong to this organization but, stripped of the "hot air" that necessarily surrounds any new movement, I consider their basic ideas sound.

Our ideals are always ahead of our ability to accomplish. The effort to retain live pulps is not an attack upon those who are seeking a satisfactory method of filling canals. And it is not a boost for the exodontist. The effort is to call attention to the desirability of retaining live, healthy pulps.

Who is opposed to the belief that a normal tooth with a live pulp is desirable?

Who would rather have a filled canal than a normal pulp?

Who would rather have focal infection than be free from it?

The motion is carried; the ideas are good.

So far as prophylaxis is concerned we are all agreed; so far as treatment is concerned, each of us has his own idea.

ORAL HYGIENE does not review books because it would be necessary to tell the truth about a lot of them and somebody might scare us to death with a damage suit; but in spite of this I will say that Geo. W. Clark has written about the clearest and most thoroughly illustrated book upon focal infection that has ever been published. It is full of information.

The book is beautifully printed and bound, but the next time Clark writes a book I hope he measures the bookcase first and makes his book to fit.

The Army Dental Corps

SOMEBODY has it in for dentistry in Washington—an effort is being made to reduce the Dental Corps instead of increase it; also they are trying to put something over on us in the new Senate Bill 3792 and in the House Resolution No. 12775.

The San Francisco District Dental Society took the proper stand in its resolution upon this subject. Every dental society in this country should pass a similar resolution and send copies to their Representatives and Senators—not forgetting to mention how many members are represented by each society.

RESOLUTIONS ADOPTED BY THE SAN FRANCISCO DISTRICT DENTAL SOCIETY AT ITS MEETING HELD MARCH 3RD, 1920.

Whereas, existing law provides a like status for the medical and dental professions in the United States Army; and

Whereas, A provision of the Army Reorganization Bill now before the United States Senate would change this equality by granting a less degree of recognition to the dental profession than to the medical profession through a change in the relative percentages of officers in the respective grades; be it

Resolved, That the San Francisco District Dental Society is opposed to any change in existing law that would alter the present equal status of the medical and dental professions in the United States Army; be it further

Resolved, That it is the mature sense of this Society that a proportion of two dental surgeons per thousand of the authorized strength of the Army is the lowest number of dental operators that can with any degree of success cope with the many urgent and vital problems confronting modern dentistry; be it further

Resolved, That a copy of these resolutions be spread upon the minutes of this Society, and that a copy be forwarded to each member of the California delegation in Congress with a request that the matter be earnestly taken up with the Chairman and other members of the Military Committee of the Senate and House of Representatives requesting the Chairman and members of said committees to use their best efforts to prevent any change in the present equal status of the medical and dental professions in the Army and to procure favorable consideration for an authorization for an adequate number of dental surgeons to care for the more urgent of the present day dental requirements.

In addition to this every dentist should exert his personal influence against any reactionary legislation. *Do it now.*

PROPOSED LEGISLATION ADVERSELY AFFECTING THE DENTAL PROFESSION

Two Army Reorganization Bills are now before Congress providing for a complete reorganization of the Army in all its branches. One of these, Senate Bill No. 3792, was drafted by the Senate Military Committee and is now before the Senate and one, House Resolution No. 12775, drafted by the House Military Committee, is now (March 12, 1920) under consideration by the House.

Both bills as at present worded contain provisions that would be distinctly injurious to the dental profession by according it a less degree of recognition on the part of the Federal Government than it now enjoys.

The law as it stands today reads as follows:—

"Hereafter the Dental Corps of the Army shall consist of commissioned officers of the same grade and proportionally distributed among such grades as are now or may be hereafter provided by law for the Medical Corps, who shall have the rank, pay, promotion, and allowance of officers of corresponding grades in the Medical Corps, including the right to retirement as in the case of other officers, and there shall be one dental officer for every thousand of the total strength of the Regular Army authorized from time to time by law."

This is a satisfactory status to the profession. Certainly nothing less could be. Without question, this recognition has done much to stimulate the profession, both in the Army and out, and was a factor of major importance in promoting the character of service rendered by the dental profession during the late war.

The Senate Bill as drafted by a sub-committee of the Military Committee was entirely satisfactory in respect to relative status in that it left the relative status of the medical and dental professions as they now are in all respects. However, during the week in which the bill was under consideration by the full Committee clauses were added providing: **That not more than 5% of the officers of the medical corps shall have the rank of colonel and not more than 8% shall have the rank of lieutenant colonel; that not more than 2½% of the officers of the dental corps shall have the rank of colonel and not more than 5% shall have the rank of lieutenant colonel.**

The House Bill contains the following clauses that would operate to change the existing equality of status between the medical and dental professions:

"***For the purpose of establishing a more uniform system for the promotion of officers—the Secretary of War shall cause to be prepared a promotion list, on which shall be carried the names of all officers of the Regular Army.*** The names on the list shall be arranged, in general, so that the first name on the list shall be that of the officer having the longest commissioned service; the second name that of the officer having the next longest commissioned service, and so on.*** Officers of the medical department shall be promoted at the same time as those officers whose names stand next above theirs on the promotion list.*** The steps in the formation of the original promotion list shall be as follows: First, officers below the grade of colonel in the medical corps, dental corps, veterinary corps, corps of engineers, signal corps, infantry, cavalry, field artillery** shall be arranged**as nearly as practicable according to length of commissioned service, EXCEPT that officers of the medical CORPS

shall be placed immediately below other officers of two years longer service." (This gives members of the medical profession, for the purpose of promotion, two years constructive service, that is, it gives them two years credit on the promotion list—a very slight recognition, to be sure, for the years of preparation and the personal outlay necessary to fit a medical man for his profession. But why the distinction? Why not officers of the medical and dental corps? Are not members of the dental profession also entitled to consideration for their professional preparation and personal outlay?)

The House Bill further provides that:*** Appointments in the medical corps shall be made in the grade of FIRST lieutenants from reserve medical officers between the ages of 23 and 32 years, and in the dental and veterinary corps in the grade of SECOND lieutenant from reserve dental and veterinary officers, respectively, between the ages of 21 and 30 years. (If such a provision as this were to be adopted, aside from the discrimination involved, it is hardly probable that the dental service of the Army would be able to attract to its ranks properly qualified members of the profession.)

There are other minor clauses in the House Bill of similar tenor.

Both bills provide for but one dental officer for each thousand of the authorized enlisted strength of the Army. This is even less than now authorized, the present authorization being based on the TOTAL strength of the Army including officers.

Experience has shown that this is an entirely inadequate number of dental officers to provide any satisfactory degree of dental service, considering the great increase in the scope and importance of modern dentistry. The Surgeon General's Office has recognized this and has recommended a proportion of two for each thousand of the authorized strength of the Army.

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2 to 1000

IN the military service, in time of peace, the first consideration is the health of the soldier.

These soldiers who are trained and kept ready for an emergency can be much more carefully selected than can those who must be enlisted in large numbers when the war is on.

The fighting army is influenced in many ways by the customs that are prevalent in the peace army. This influence is not carried into the fighting army because the peace army customs are either satisfactory or desirable; these customs may be both satisfactory and desirable, but in any event the suddenly recruited mass of men who are trained in the rudiments of war, and who wear the uniform, have no traditions or military customs of their own and so they must adopt those that have been in use

in this small group of professional soldiers that we have maintained between wars. In apportioning the number of officers for the various staff duties of the peace time army, the consideration is not the exact number that will be required for the army in time of peace; but it is the approximate number that will be required in a proportionately enlarged army in time of war.

Peace-time strength of the Dental Corps has been one dental officer to a thousand enlisted men. As the dental officer must give dental attention to the officers and their families as well and also to certain civilian employes, and as many dental officers of higher rank must be designated for executive duties, it makes the operating dental surgeon in the army responsible for the oral welfare of from 1200 to 1500 people.

Dental service in the army is, of necessity, limited in its scope and the hours of practice are necessarily limited because all men and officers connected with the service have duties to perform that prevent the more accommodating methods of practice that are usual in civilian life.

It is totally impossible at the rate of one dental officer to 1,000 enlisted men to do the work with any degree of satisfaction upon so many patients; and, when it comes to the great war-time armies where men are taken in with every form of mouth lesion and where there is the hustle and bustle and incomplete organization of moving men, and where a great portion of the effort of the army heads must be toward long-distance transportation and the gathering together of the munitions of war, it becomes almost a total impossibility even to give relief to those who are suffering actual pain, much less to do the careful upbuilding work that will place the mouths of these new soldiers in such condition that they can endure the hardships of field service and can masticate the nutritious but necessarily coarse foods that are served in the army rations.

Where a man cannot masticate his food in the field, his usefulness as a soldier or as an officer is quickly over. Every time we neglect properly to prepare a man for the service to which he is sent, we are aiding the enemy, because this lack of preparation, which we know to be necessary, will just as surely incapacitate the soldier as will the bullets of the enemy.

In battle, the object of the opposing forces is to inflict such damage as will incapacitate the greatest number of men. A man who is wounded is a bigger asset to the enemy who wounded him than if that man had been killed, because a wounded man requires more attention, more effort, more time and expense from his own government than he would require if he were killed. Consequently, if instead of killing our enemies in the field, we could severely wound them all, we would put the opposing forces out of action in a shorter space of time.

Now, if we neglect any of the known health measures that keep soldiers in the most perfect physical condition, we are aiding our potential enemies to incapacitate our own defenders.

We need at the very least two dental officers to every 1,000 enlisted men. In time of peace, these two officers working under the military system will be able to keep the mouths of the standing army in good condition; and, when it comes to the point where we must again take the field in future wars, we will have established the custom and traditions of two dental officers to a thousand men so that there will be no question then about having that many for the enlarged army. And, it would be a very good thing — if it were possible — in putting the law through that has been proposed in Congress, to allow even a greater latitude in number for the Dental Corps when the time comes again to recruit our great armies.

Some provision should be made to accept dental services at the training camps of one dentist to every 250 enlisted men. This would enable us to have the mouths of

these soldiers in such shape that when they finally reach the front there will be a minimum of dental work to be done and a maximum of efficiency in the masticating powers of those who shall stand between us and the destructive forces of the enemy.

Every dentist, and every person who is interested in health in general, should give most active support to the "2 to 1,000" measure that is now before Congress; and the way to give that support is to write to your Representative and your Senator and tell them that the Army needs two dentists to every one thousand enlisted men in time of peace, and that in time of war that proportion should be doubled in the training camps.

If this idea is constantly repeated to those who make the laws, it will eventually become one of their accepted ideas; and, when it does, so much the better for the soldier and for the country which he defends.

Procrastination

My friend, have you heard of the town of Yawn
  On the banks of the River Slow,
Where blooms the Waitawhile flower fair,
And the Some-time-or-other scents the air,
  And the soft Go-easys grow?

It lies in the valley of What's-the-use,
  In the province of Let-her-slide;
That old "tired feeling" is native there—
It's the home of the listless I Don't-care—
  Where the Put-it-offs abide.

The Put-it-offs smile when asked to pay up,
  And they say, "We'll do it to-morrow";
And so they delay from day unto day,
Till death sidles up and steals them away,
  And the creditors beg, steal, or borrow.

—Walter Pulitzer in N. Y. *Globe*.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor of this page, George L. Kinter, 108 Clarendon Ave., Crafton Heights, Pa. He *may* print it—but he won't send it back.

Sprig! Sprig! beautiful
Sprig! Isd't Sprig a glorious
thig? Buddig trees, hubbig
bees, (I've got a code right
dowd to my knees!)

A mother was chaperoning an exceedingly beautiful daughter. She hovered around the girl all the time—hovered proudly on the edge of a deep circle of men—for her daughter was undoubtedly the belle of the evening.

During some war talk the girl cried gaily: "The casus belli! What was the casus belli?"

Her mother stood on tiptoe, shook her finger at her beautiful daughter across a dozen men, and called reproachfully:

"Grace, dear, how often have I told you to say stomach?"

Over the Prunes.—First Landlady—I manage to keep my boarders longer than you do.

Second Landlady — Oh, I don't know. You keep them so thin that they look longer than they really are.

Laura gazed intently at some sardines lying in an open can.

"What seems to interest you?" her mother asked.

Pointing a pudgy finger, the little girl answered:

"I was just thinking what a lot of trouble that middle fish would have if it wanted to turn over."

An American tells of a visit to a zoo in Ireland, on which occasion he was much interested in a solitary sea-lion. Turning to one of the keepers, the American asked, as he pointed to the solitary beast:

"Where is his mate?"

"He has no mate, sor," responded Pat. "We just feed him on fish."

Said an Irish leader: "Min, ye are on the verge of battle. Will yez fight or will yez run?"

"We will!" came a chorus of eager replies.

"Ye will what?"

"We will not," says they.

"Thank ye, me min," says he; "I thought ye would."

The following printer's error is cited by the Boston *Transcript*: "The doctor felt the patient's purse and declared there was no hope."

Mother—Johnnie, your face is very clean, but how did you get such dirty hands?

Johnnie—Washin' me face.